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Greenville Ear, Nose & Throat

## Septoplasty: What You Need to Know

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The nasal septum is made up of cartilage and bone, which separates the left and right nasal cavity. Septal deviation is a common problem and can be present from birth or can occur after an injury to the nose. People often have septal deviation with no major symptoms. In some people, septal deviation can block the airway.

Septoplasty is a surgery that corrects septal deviation. Septoplasty is done by making cuts inside the nose and fixing deviations in both bone and cartilage. Septoplasty usually does not change the outer appearance of the nose. Rather, the main purpose is to straighten the nasal septum and improve the nasal airway.

This surgery may be done along with other procedures. Reducing the turbinate bones often is performed with septoplasty to improve the nasal airway. Turbinate bones are on the side walls of the nasal cavity, which are covered with a lining that moistens the airway. If these bones are enlarged, they can lead to blockages.

### Risks and Complications

Here are the most common risks and complications:

- Bleeding
- Infection
- Septal perforation (hole) that can cause crusting, bleeding and nasal whistling
- Change in taste and smell
- Leaking of spinal fluid and/or meningitis
- Scarring within the nose
- Post-surgery healing problem that leads to another deviation
- Complications from anesthesia, such as uneven heart rate and breathing problems

### Before Surgery

- Do not take anything by mouth after midnight the day before surgery except for medications as approved by the anesthesiologist at your pre-operative meeting.
- Notify your doctor if any cough, fever or other symptom of a respiratory tract infection develops before surgery.
- Avoid aspirin, products that contain aspirin, ibuprofen or other non-steroidal anti-inflammatory medications for 2 weeks before surgery. Avoid vitamin E for 2 weeks before surgery, too.

### After Surgery

- Take antibiotic and pain medication as directed.
- Take a nasal saline spray (Ocean, Ayr, etc.). Put 2-3 puffs in each nostril every 2-4 hours while you are awake and as needed to avoid crusting.
- Limit physical exercise for the first week.
- Do not blow your nose for the first week.
- Sneeze with your mouth open.
- Expect a small amount of nasal or postnasal drainage. Although not required, a drip pad may be taped under the nose until the drainage stops.
- Avoid aspirin, products that contain aspirin and ibuprofen (such as Motrin or Advil), or similar anti-inflammatory medications for 2 weeks after surgery. Tylenol is allowed.
- Call Greenville ENT if you have heavy bleeding, vision problems, swelling or bruising around the eye, or a temperature greater than 101.5°F.
- Please call our office to confirm your follow-up visit. Nasal splints (if placed at the time of surgery) will be removed at that time.
- Avoid getting very tired, which will increase your chance of having an upper respiratory tract infection.
- Plan to stay in town for 2 weeks after surgery.

Please call our office if you have questions about this information:

- Patewood (864) 454-4368
- Greer (864) 797-9400 (adults only)